

Part B – Health Facility Briefing & Design

265 Rehabilitation – Allied Health Unit



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International Health Facility Guidelines
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265 Rehabilitation – Allied Health Unit

1 Executive Summary

The Rehabilitation - Allied Health Unit is to provide a multi-disciplinary rehabilitation service care in which the treatment goal is to improve the functional status of a patient with an impairment, disability or handicap. The disciplines incorporated in the Rehabilitation - Allied Health Service generally include Physiotherapy, including gait analysis, Occupational Therapy, including Diversional Therapy, Speech Therapy, Podiatry, Audiology, Dietetics and Social Work.

Models of Care are influenced by the inclusion of patient education sessions, satellite units, hydrotherapy, gait analysis and day patients' programs. The Rehabilitation- Allied Health Unit is arranged in Functional Zones that include Entry/ Reception, Patient Therapy Areas, Support Areas and Staff Areas. Access for patients with mobility aids and wheelchair accessibility to all areas within the Unit are key considerations.

The Functional Zones and Functional Relationship Diagrams indicate the ideal External Relationships with other units and services. Key external relationships include car parking, drop-off and pick-up areas, the Main Entrance and Support Units such as Supply and Housekeeping. Optimum Internal Relationships are demonstrated in the diagram according to the Functional Zones whilst indicating the important paths of circulation.

The size of the Rehabilitation – Allied Health Unit may vary dependent on the service plan, the specialties to be included and the demand for services. Design Considerations address a range of important issues including acoustics, privacy, safety and security and Building Services Requirements.

The Schedules of Accommodation (SOA) are provided using references to Standard Components (typical room templates) and quantities for typical Units at Role Delineation Levels (RDLs) 2 to 6. An optional SOA for Hydrotherapy Pool has also been provided.

For each of the nominated room types within the SOA the code link to the corresponding Room Data Sheets (RDS) and Room Layout Sheets (RLS) has been provided. Readers may use those codes to access this information on the rooms in the section titled Standard Components on the website.

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the Non-Compliance Report (in Part A appendices) to briefly describe and record their reasoning based on models of care and unique circumstances. The responsible Health Authority may then consider the circumstances and accept such deviations.

The details of this FPU follow overleaf.

2 Introduction

The prime function of the Rehabilitation - Allied Health Unit is to provide a multi-disciplinary rehabilitation service in which the clinical intent or treatment goal is to improve the functional status of a patient with an impairment, disability or handicap.

The Unit must also provide facilities and conditions to meet the needs of patients and visitors as well as the workplace requirements of staff. All ages from children to the elderly may be treated in the Unit. Almost all patients attending the Rehabilitation Unit are physically incapacitated to some extent, many of whom use wheelchairs or walking aids and - increasingly - motorised chairs that have implications for parking and recharging. Many patients may be disfigured (burns, throat surgery etc.) and require a non-threatening, private environment. Some patients may require access to interpreter services depending on their background.

The disciplines incorporated in the Rehabilitation - Allied Health Service may include (but are not limited to):

- Physiotherapy including gait analysis
- Occupational Therapy including diversional therapy
- Clinical Psychology
- Orthotics
- Speech Therapy
- Podiatry
- Audiology
- Dietetics
- Social Work

For facilities which do not have dedicated Mental Health outpatient services, the Rehabilitation – Allied Health Unit may also provide limited Clinical Psychology services.

Facilities for Physiotherapy and Occupational Therapy may vary greatly, ranging from large, purpose-designed, central facilities for inpatients and/ or outpatients to basic on-ward or bedside services. Extent of design and location of facilities will be affected by the presence or otherwise of the following services (not exhaustive):

- Rehabilitation Medicine
- Aged Care
- Spinal Cord Injury Service
- Orthopedic Services
- Neurosciences (Strokes, Multiple Sclerosis, Traumatic Brain Injuries etc)
- Amputees
- Hand Surgery/ Plastic Services

Speech Pathology plays a major role in Neonatal, Paediatric, ENT / Maxillofacial and neurological services. In the absence of these, Speech Pathology may be provided on a part-time basis. Children's Hospitals or major Paediatric Services may generate their own specific spatial needs.

At higher Role Delineation Levels (e.g. RDL 5/6) it is possible that each discipline may have its own discrete department but every attempt should be made to co-locate the therapy units to maximise the potential for sharing and to facilitate multidisciplinary care.

The rehabilitation services may be supported by full time Social Work services. At RDL 4, Dietetics and Podiatry are generally provided as part time services and can be incorporated into the Unit. At RDL 5 & 6 they will have their own discrete Units and are excluded from the Schedule of Accommodation at those levels.

Clinical Psychology and Neuropsychology also play an important role in some aspects of service provision and will need their own office/treatment areas or access to such shared facilities.

The Rehabilitation Inpatient Unit accommodates medical, surgical and some aged care patients. In larger health facilities this Unit may include specialist medical and surgical patients, for example cardiac, neurology / neurosurgery and orthopedic patients. For information on Rehabilitation Inpatient Unit, refer to the separate FPU in Part B of these Guidelines.

Patient Characteristics

All ages from children to the frail aged may be treated. Almost all patients attending for physiotherapy are physically incapacitated to some extent. Many of them may use wheelchairs or walking aids and increasingly, motorised chairs that have implications for parking and recharging. Many patients may be disfigured due to burns, throat surgery etc. and require a non-threatening, private environment.

3 Functional & Planning Considerations

Operation Models

The Operational Model provided in the Rehabilitation - Allied Health Unit is dependent on the level of service of the facility and the clinical service plan of the Unit. This is also influenced by the need to service various clinical specialties.

The Rehabilitation – Allied Health Unit may be provided in a variety of settings such as:

- A Unit within a General, Specialized or Rehabilitation Hospital
- Attached to a Medical Centre or Polyclinic
- Stand-alone
- A limited set of specialised Rehabilitation attached directly to one or more Inpatient Units

Depending on the setting, the facilities of the Unit may be utilised by inpatients, outpatients and long-term slow stream rehabilitation patients.

There are generally two levels of service:

- Sub-acute Rehabilitation
- Acute Rehabilitation

Sub-acute Rehabilitation is sometimes referred to as Day Rehabilitation as opposed to Inpatient Rehabilitation. In hospitals, it is typically provided as a central facility for both Inpatients and Outpatients.

When this service is provided as a stand-alone facility, it is strictly for outpatients.

Acute Rehabilitation is sometimes called Post-acute Rehabilitation or PAR. Acute Rehabilitation is typically for hospital patients after surgery or major treatment for conditions such as Stroke, Cardiac surgery or Orthopaedic surgery. Acute Rehabilitation may take place in the same central Rehabilitation – Allied Health facility as the outpatients. Alternatively Acute Rehabilitation may be provided by a limited and highly specialised facility directly attached to the relevant Inpatient Unit. Such facilities are referred to as On-ward Rehabilitation or On-ward Physio.

It is expected that the majority of inpatients attending the Rehabilitation Inpatient Unit will attend the Unit on a daily basis.

As with other areas of healthcare, rehabilitation services are constantly evolving. This is particularly evident in the following areas:

- Clinical development - many more categories of patients are able to be rehabilitated than was previously considered feasible.
- Organisational development - the interrelationship of the various medical, nursing and allied health services that participate in the rehabilitation process is of paramount importance.
- Technological development - advances in technology have developed techniques which will ultimately become routine aspects of rehabilitation. Such developments include kinematic analysis, electromyography and ergometry.

Hours of Operation

The Unit generally operates during business hours of weekdays with after-hours on-call physiotherapy services available for Inpatient Units as required. Some Units may provide a limited service on evenings and weekends. The facilities provided within the Unit may also be used for health education classes (e.g. antenatal or yoga classes). In such a case after-hours access may be required. If a hydrotherapy pool is provided as part of the facility, it may be made available to the community and/or the staff after hours and on the weekends.

Models of Care

Traditionally the model of care has been one-to-one therapist to patient. Increasingly an educative model is being used that assumes a staff to patient ratio of 1:4 or more and incorporates:

- Group sessions for peer support
- Group exercise classes
- Involvement of carers so that they can learn how much activity the patients can safely tolerate at home and how best to support them
- Education programmes

There may need to be separate areas for Respiratory and Cardiac Rehabilitation, and General Rehabilitation as the patients have differing needs of equipment. However, this will depend on the number of sessions and the opportunity to share areas between different programmes.

On-ward Rehabilitation will be specifically tailored to suite the specialty of the attached Inpatient Unit.

Satellite Units

One of the problems in providing therapy services for inpatients within the Unit is patient transport to and from hospital units, for example neuroscience patients whose attention span may be limited and who need a quiet environment. It also requires either a portering service or use of valuable therapist time in transport functions.

If distance from Inpatient Units to the Rehabilitation Therapy Areas is considerable, a small satellite Unit may be considered mainly for physiotherapy, near the units most affected such as Neuroscience & Orthopaedics. Alternatively, a small Gym or multipurpose room within the Inpatient Unit, with equipment specific to the specialty of the Inpatient Unit may serve such a purpose. As mentioned earlier, this is referred to as the on-ward gym and is usually intended for Post Acute Rehabilitation or PAR.

Hydrotherapy

Whilst there are differing opinions as to the therapeutic benefits of hydrotherapy, a comprehensive Rehabilitation service will probably require access to a hydrotherapy pool. However, in other circumstances the need for a pool should be carefully considered as the cost per unit of treatment is high and conditions for which hydrotherapy is the only appropriate treatment are limited.

Hydrotherapy pools may be considered where patient numbers can be justified and where the pool is required for a minimum of four hours each day over five days a week. Utilisation of the pool may be extended by making the pool available to groups within the community for their use at times when it is not required for specific therapeutic purposes.

As an alternative to expensive Hydrotherapy pools, individual, factory-made above-ground tubs, usually constructed of fibreglass may be considered. Such facilities typically incorporate all the hydraulic requirements and can be installed in a variety of settings without the usual expenses of a pool.

Any Hydrotherapy pool should consider a module of 2.5m x 2.5m of surface area per patient, using the pool at any given time.

Gait Analysis Laboratory

Quantitative gait analysis is useful in objective assessment and documentation of walking ability as well as identifying the underlying causes of walking abnormalities in patients with cerebral palsy, stroke, head injury and other neuromuscular problems. The results of gait analysis have been shown to be useful in determining the best course of treatment in these patients. Equipment for gait analysis may be incorporated into a gymnasium.

Outdoor Gait Area

It is essential to provide mobility training on a range of uneven surfaces necessary for community integration. Such surfaces are best simulated in an external courtyard area which may be a large terrace. Outdoor areas and terraces need to be shaded and protected from harsh environmental factors and designed to be safe.

Day Patients

Patients attending a series of treatments by different therapists may be admitted as day patients where stay is more than 4 hours. Day patients may require an area for rest and refreshment between treatment and access to patient transport services.

Planning Models

The extent, design and location of facilities are influenced by the service streams the Rehabilitation - Allied Health Unit supports and the service plan of the facility. A ground floor location may be ideal where the Unit services a majority of outpatients for convenient access. Where the Unit provides services to both inpatients and outpatients a location convenient to both areas would be preferable.

Depending upon the needs of the individual hospital, the facilities provided may be further enhanced to provide:

- Additional therapy spaces for general acute inpatient and outpatient therapy
- Additional group office space for physiotherapists to write up notes
- Additional staff amenities

This Guideline defines functional spaces as discrete areas for defined activities. The Operational Policy of a facility may compel the design team to view the various functions and activities within the Unit from the framework of a team philosophy.

The balance of this FPU will assume a planning model involving a typical centralised facility to be used by Inpatients and Outpatients alike.

Functional Areas

The Rehabilitation – Allied Health Unit will include the following Functional Areas:

- Entry Reception Areas with:
 - Waiting areas with gender separated
 - Patient Holding Bays as required
 - Patient amenities including drinking water and toilets
 - Storage for wheelchairs, files and stationery
- Patient Therapy Areas that may include:
 - Physiotherapy
 - Occupational Therapy
 - Hydrotherapy (optional)
 - Allied Health specialties such as Audiology, Speech Pathology, Dietetics, Social Work , Podiatry and sometimes Clinical Psychology (unless a separate Mental Health Outpatient Unit is provided)
- Support Areas that may be shared between disciplines including
 - Clean and Dirty Utilities
 - Cleaner's Room
 - Disposal room
 - Plaster Room
 - Interview Room/s
- Staff Areas including:
 - Offices

- Meeting Rooms
- Staff Amenities with Shower, Toilets and Lockers

The above zones are briefly described below.

Entry Areas

The entry canopy is required to provide dry access to the building. Design considerations include:

- Ensuring the covered area is large enough to allow vehicles such as taxis, buses, cars, and emergency vehicles to manoeuvre beneath it, and is structured to facilitate free concurrent traffic flow for multiple emergency vehicles
- The use of clear roofing material to maximise natural light inside the building.

The Entrance Area best sited at ground floor level, is the first point of contact for members of the community and should display clear directions informing people where to proceed.

Other floor levels may also be considered as long as access for outpatients (and inpatients) is convenient.

Design considerations include:

- Vehicle access and Emergency vehicle is required at all times
- Entry facilities should be suitable for people with disabilities such as limited mobility and poor vision
- The entry can incorporate an airlock space and may have sensor or automatically opening doors to facilitate access

Reception/ Waiting Area

The Reception is the receiving hub of the Rehabilitation – Allied Health Unit for patients and arrivals and should be prominent and well signposted. The Reception also serves as the main access control point for the Unit to ensure security of the Unit and may include patient registration and cashier facilities where appropriate. The Reception/ Waiting Area may be shared by multiple specialties and should be located to provide convenient access to Treatment Areas while allowing access to Public and Disabled Amenities for patients and visitors.

Waiting Areas should be located at the Entry to the Unit and may also be decentralized, close to Consult and Treatment Rooms. Separate Waiting Areas are required for Males and Females. Waiting Areas should accommodate a wide range of occupants including children and those less mobile (disability or in wheelchairs). Waiting Areas shall be provided with drinking water and require convenient access to Public Amenities without accessing Treatment Area (or Staff Area).

An area should be provided near the entrance for parking wheelchairs and electric scooters with power outlets for recharging when they are not in use. Cupboards may be provided over wheelchairs for additional storage.

Physiotherapy

This facility service shall be allowed for:

- Individual treatment area provided for patient(s)
- Staff hand-washing facilities close to each treatment space; this may serve up to 4 treatment spaces
- An exercise area with facilities appropriate for the level of intended service
- Clean linen storage; in the form of built-in cupboards, cabinets or on mobile storage trolleys
- Storage for equipment and supplies
- Storage for soiled linen and waste
- Patient dressing and changing with secure storage of clothing and valuables, showering and toilet facilities
- Ice-making facilities to be available in or near the department
- Wall oxygen in patient waiting areas depending on service mode and access to appropriate outdoor therapy areas

Occupational Therapy

Where an Occupational Therapy service is to be provided the following functions or facilities shall be allowed for:

- Therapy and Workshop areas
- Office / Administrative areas
- Activity of Daily Living (ADL) including kitchen, dining, lounge, bedroom and computer room
- Availability of Accessible Toilet

Hydrotherapy Pool (Optional)

The need for a Hydrotherapy Pool should be carefully considered. The cost per unit of treatment is high and conditions for which hydrotherapy is the only appropriate treatment are limited.

Hydrotherapy pools should only be provided where patient numbers are appropriate and where the pool is required for a minimum of four hours per day, five days per week.

The Hydrotherapy pool design requires consideration of the following:

- The recommended size of pool 'modules' is 2.5m x 2.5m per patient with a 1.2m wide ramp (inclusion of stairs is optional).
- The pool shall be approximately 1.1m to 1.3m in depth.
- The edge of the pool should not be raised with a hob, but should be detailed so that the edge of the water is flush with the edge of the surrounding water
- As an option, on side, outside the pool a lowered trench can be created so that the staff can step down, approach the edge of the pool and attend to the patients at waste level and to avoid bending down over the edge of the pool.
- The recommended temperature is to be kept between 30 ° to 35 ° Celsius with an average of 31 ° Celsius.
- A rectangular shape is recommended with the length of the pool generally one and a half times the width (or based on modules of 2.5 m square per patient plus the ramp).
- The recommended minimum depth is 800 mm at the shallow end and the maximum depth is 1500 mm at the deep end; with an average of 1.1 to 1.3 m². To optimize the use of a pool for therapeutic purposes, consideration should be given to the average height of both the shortest users and the tallest users.
- An adjustable (moveable) pool floor may be considered to suit different conditions and exercised. Such facilities tend to be extremely expensive, prone to failure and are strictly optional.
- The floor of the pool should contain no steps.
- Steps are the accepted method of entry and exit. They also provide functional training and should not intrude into the working area of the pool.
- A hydraulic or electric hoist should be provided on one edge of the pool and placed near a pool depth where the therapist can stand and maintain body balance to float the patient on and off the hoist without difficulty. This typically means the pool's maximum depth.
- The ambient temperature should be lower than the water temperature for the comfort of a patients and staff.
- Humidity control needs to be provided to minimize condensation. A pool cover must be provided to assist in maintaining privacy, water temperature and to reduce heating costs.
- The lighting should allow the floor of the pool to be seen and should minimize reflection/ glare off the surface of the water.
- Non-slip surfaces shall be used for the pool surrounds. Ample space should be provided around the pool for staff and patient movements as well as to provide space for patients who are waiting to enter the pool or relaxing after leaving the pool. The building structure, including all fittings should be rust-proof.
- Gender separated change facilities including toilets are required for patients and staff; the area

is dependent upon the size of the pool and the expected number of users.

- Adequate emergency call points should be provided; Emergency call points should also be accessible from the concourse area and from within the pool.
- Footbaths, foot sprays or showers may be considered in the design of the pool area
- Security design should address:
 - Personal security of patients and staff
 - Property security of patients and staff
 - Unit premises and equipment
 - Emergency access and egress
- Design should address the following storage requirements:
 - Therapy equipment
 - Consumables and pool supplies
 - Pool aids and exercise equipment
 - Personal property of patients and staff
- A Water Treatment Plan room is required for water treatment equipment including booster pumps and filters
- More modern and sustainable Hydrotherapy can be considered such as individual pools for male/ females rather than large pools for groups of patients
- Hydrotherapy pool is preferred to be located on a floor with convenient access to the entrance as well as outdoor area (which may be covered terrace). The structural loading has to be considered if it located on higher floors or above basement levels.

Support Areas

Support Areas for Rehabilitation – Allied Health Unit may be shared between service disciplines and include:

- Bays for linen, resuscitation trolley and mobile equipment including wheelchairs
- Cleaners Room
- Clean and Dirty Utility rooms
- Optional Plaster/ Splint room
- Store Rooms for general consumables and equipment; this may include specialty equipment held in storage until needed in therapy areas and bulky or loan pool items such as wheelchairs, crutches, walkers and lifting equipment

Staff Areas

Offices and Workstations are required for the Unit Director/ Manager and Senior Allied Health staff to undertake administrative functions or to facilitate educational and research activities.

Staff require access to the following:

- Meeting Room/s for education and tutorial sessions as well as meetings
- Staff Room with beverage and food storage facilities
- Toilets, Showers and Lockers

Functional Relationships

External

The most critical relationship in circumstances where Rehabilitation Medicine is an established service is with the Inpatient and Outpatient Unit/s. However, consideration must also be given to necessary relationships with the Units most utilizing therapy services, in terms of the logistics of patient travel and transport. In some instances, there may need to be duplication of facilities.

Physiotherapy Areas require ready access to Orthopedic Clinics.

The optimum External Relationships include:

- Patient access from a public corridor with a relationship to the Main Entrance, Car Park and drop off/ pick-up areas
- Loan equipment pick up and drop off
- Separate entry and access for staff via a Service Corridor
- Access for services such as Supply, Housekeeping via a Service Corridor

Internal

The internal planning of the Rehabilitation – Allied Health Unit should consider the Unit Functional Zones.

Some of the critical relationships to be considered include:

- The Reception Area should allow patients to move conveniently to and from the Therapy Areas and accommodate the expected volume of patients, support staff, care-takers and mobility aids
- Interview Rooms for support services such as social worker etc. to be conveniently located
- Sub Waiting Areas may be located close to Therapy Areas for patient and staff accessibility
- Staff must be able to move easily to and from Therapy Areas, Reception and Waiting Areas; discreet and private work areas away from patients is recommended; Staff Areas may have restricted access to patients

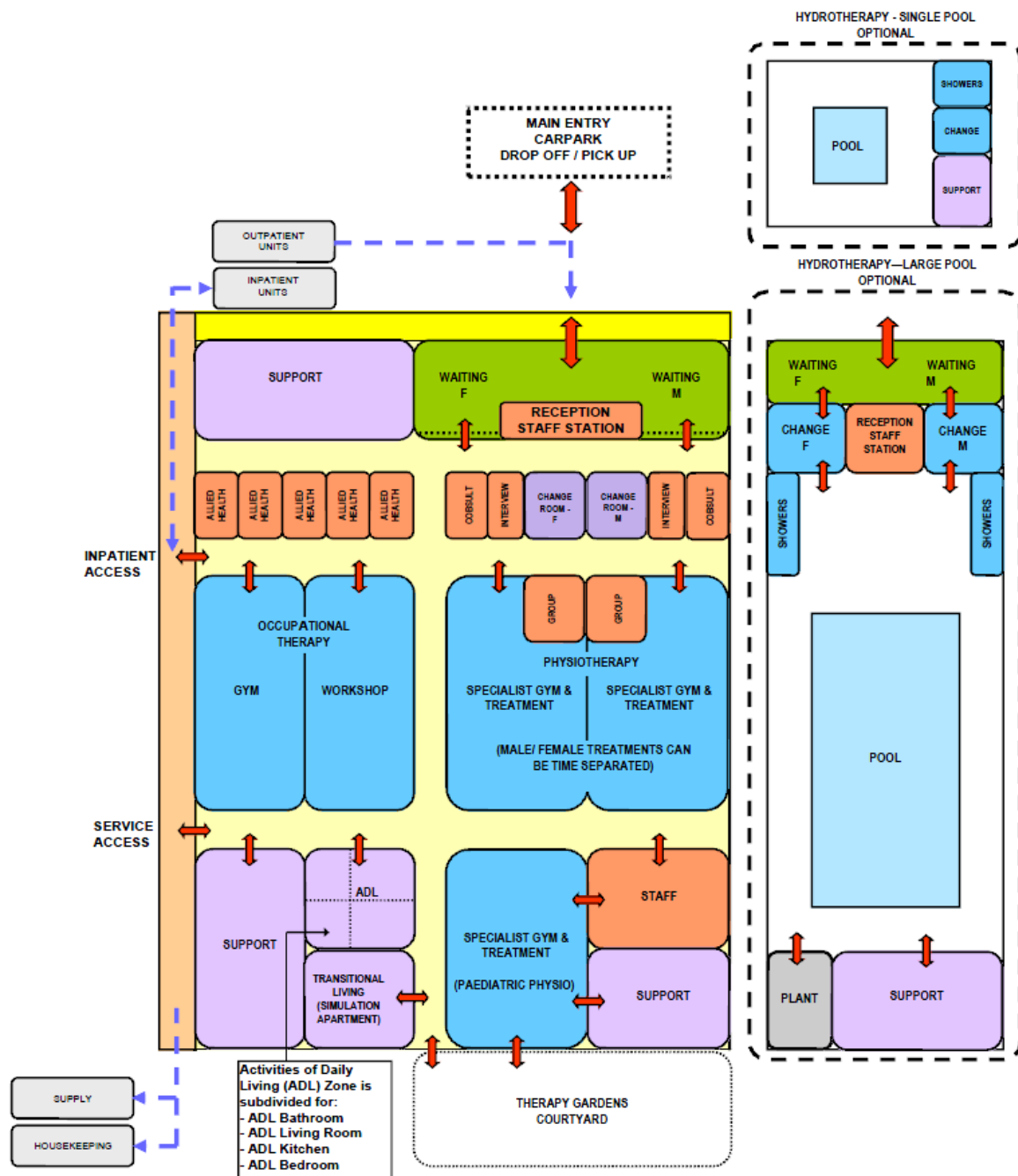
Optimum Internal Relationships should include the following:

- Reception at the entrance with access to Consult, Interview and Group rooms
- Waiting Areas located near to the Unit Entry with access to circulation corridors; Sub-Waiting Areas may also be provided close to Therapy Areas for patients and staff convenience
- Access for patients to Therapy areas directly from Waiting Areas with Reception/ Administration acting as a control centre
- Support Areas located close to the activity centres for staff convenience

It is important for the Functional Zones to work effectively together to allow for an efficient, safe and pleasant environment.

The relationships between the various components within the Unit are best described by the Functional Relationships Diagram below.

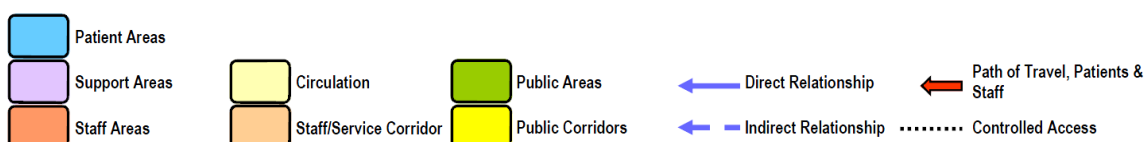
Functional Relationship Diagram



Note: The above diagram shows a large full-service facility and all the possible relationships.

Most facilities will be much smaller and simpler than the example provided. The smaller facilities should continue to reflect the desirable relationships shown here.

LEGEND



4 Design Considerations

General

The design philosophy of the Rehabilitation Unit should convey a friendly and inviting environment and should encourage community members to utilize the available facilities for rehabilitation purposes. A non-institutional safe and supportive environment needs to be promoted. Building design must be flexible and adaptable to enable the unit to cater for varying client and service needs.

Buildings should be designed to cope with a wide range of possible conditions. The aim is to provide an environment that will allow the maximum mobility possible for each person. The Rehabilitation Unit will include access for persons with a variety of disabilities.

Environmental Considerations

Acoustics

Most of the Therapy Areas in the Unit are open space and activities undertaken therein require hard, impervious flooring (timber or sheet vinyl) generating noise. The transfer of sound between clinical spaces should be minimized to reduce the potential of staff error from disruptions and miscommunication and to increase patient safety and privacy.

Acoustic treatment is required to the following:

- Consult/ Examination Rooms
- Interview, Group and Meeting Rooms
- Gymnasiums and Workshops
- Staff Rooms

Solutions to be considered include:

- Location of the Unit
- Selection of sound absorbing materials and finishes
- Use of sound isolating construction (without compromising the infection control measures)
- Planning to separate quiet areas from noisy areas
- Consideration of separate areas for potentially noisy patients such as children

Natural Light

Natural lighting is essential in large Treatment Areas such as Gymnasiums. Windows are particularly desirable in Waiting Areas and Staff Lounges. If windows cannot be provided, alternatives such as skylights may be considered. Consideration should be given to lighting levels for patients who are visually impaired.

Privacy

The design of the Rehabilitation – Allied Health Unit needs to consider patient privacy and confidentiality incorporating the following:

- Discreet discussion spaces and non-public access to medical records
- An adequate number of rooms for discreet discussions and treatments to occur whenever required
- Privacy screening to all Physiotherapy plinths, Examination Bays and Patient Bed Bays with sufficient space to permit curtains to be easily drawn whenever required
- Consideration of optional fully enclosed and private treatment rooms
- The location of doors to avoid patient exposure in Consult Rooms

Interior Décor

The interior of the Unit should be generally calm, pleasant and non-institutional. Themes from modern sports facilities may be employed as a way of normalising and familiarising the spaces, especially in Physiotherapy, Occupational Therapy and Hydrotherapy areas.

Accessibility

It is recommended that the ground floor is located in close proximity to carpark and drop-off areas. If a ground floor Unit with its own entry an undercover set-down bay should be provided at the entrance to the Unit for those outpatients who arrive by public transport or car and for return of loan equipment. Access to other units in the facility should be convenient and covered.

Drop-off and parking for people with disabilities is required and wheelchair access is required to all patient-accessed areas of the Unit.

Safety & Security

The patient population of this Unit requires special consideration in terms of safety as they may be disabled or incapacitated while being encouraged to be mobile and self-sufficient. Design and selection of finishes, surfaces and fittings must be assessed to determine the potential for accidents or hazards to both patients and staff.

To be Consider:

- Slippery or wet floors
- Protrusions or sharp edges
- Stability and height of equipment or fittings
- Handrails and wheelchair access are mandatory.

The arrangement of spaces and zones shall offer a high standard of security through the grouping of like functions, control over access and egress from the Unit and the provision of optimum observation for staff. The perimeter of the Unit should be secured, and consideration given to electronic access.

Access to Public Areas shall be carefully planned so that the safety and security of Staff Areas within the Unit are not compromised. Zones within the Unit may need to be lockable due to files and records of patients/ staff, when not in use. After-hours access control requires consideration if areas are used by the public for classes, e.g. Gyms and Hydrotherapy.

Finishes

Floor Finishes

It is essential that floor finishes are non-slip and do not create “drag” for patients using walking aids and wheelchairs.

The following additional factors should be considered in the selection of finishes:

- Ease of cleaning
- Infection control
- Acoustic properties
- Durability
- Fire safety
- Movement of equipment and impact resistance

Wall finishes

Wall finishes should suit the different areas of the unit. In most areas simple washable paint will be sufficient. In Hydrotherapy pool areas, tiles walls or epoxy paint may be considered for the ease of cleaning and resistance to moisture.

Refer also to Part C – Access, Mobility, OH&S of these Guidelines.

Fittings, Fixtures & Equipment

The exact list of fittings and equipment used in the Unit will depend on the services provided. These may include a variety of Gym equipment, pool equipment and occupational therapy equipment.

Building Services Requirements

Mechanical Services (HVAC)

The Unit should be air-conditioned with adjustable temperature and humidity in all Gymnasiums, Workshops, Consult and Interview/ Meeting Rooms for patient and staff comfort.

If a Hydrotherapy Pool is provided, particular care should be taken to void the fogging of surrounding windows and the excessive condensation of water against cold elements such as windows, steel columns, wall studs, metal ceilings etc.

HVAC and other building services requirements are to comply with services identified in Standard Components and Part E – Engineering Services.

Hydraulics/ Water Treatment

Warm water shall be supplied to all areas accessed by patients within the Unit. This requirement includes all staff handbasins and sinks located within patient accessible areas. Sinks in Staff Areas shall be provided with hot and cold-water services.

For further information and details refer to Part E – Engineering Services in these Guidelines.

Information Technology (IT) and Communications

Unit design should address the following Information Technology/ Communications issues:

- Electronic Health Records (EHR)
- Health Information System (HIS)
- Hand-held tablets and other smart devices
- Picture Archiving Communication System (PACS)
- DECT and personal telephones replacing some aspects of call systems
- Data entry including investigation requests
- Bar coding for supplies and records
- Data and communication outlets, servers and communication room requirements
- Wi-Fi access for patients, staff and waiting visitors.

Nurse Call / Emergency Call / Staff Call

Hospital must provide an electronic call system next to each treatment space including Physiotherapy plinths, Consult, Examination, Plaster Rooms and Patient Areas (including toilets) to allow patients to alert staff in a discreet manner at all times.

All calls are to be registered at the Staff Stations and must be audible within the service areas of the Unit including Clean Utilities and Dirty Utilities. If calls are not answered the call system should escalate the alert accordingly. The Staff Call system may also use mobile paging systems or SMS to notify staff of a call.

Infection Control

Infectious patients and immune-suppressed patients may be sharing the same treatment space at different times of the same day. The design of all aspects for the Unit should take into consideration the need to ensure a high level of infection control in all aspects of clinical and non-clinical practice.

Handbasins

Handwashing facilities shall be provided in Gymnasiums, Consult/ Examination Rooms and located conveniently to patient Bed Bays. Handbasins suitable for scrubbing procedures shall be provided for each Procedure and Treatment Room as specified by the Standard Components. Where a handbasin is provided there shall also be liquid soap, disposable paper towels and waste bins provided.

Handwashing facilities shall not impact on minimum clear corridor widths. At least one Handwashing Bay is to be conveniently accessible to the Staff Station. Handbasins are to comply with Standard Components - Bay - Handwashing and Part D - Infection Control in these Guidelines.

Antiseptic Hand Rub

Antiseptic Hand Rubs should be located so they are readily available for use at points of care at the end of patient examination couches and in high traffic areas.

The placement of Antiseptic Hand Rubs should be consistent and reliable throughout facilities. Antiseptic Hand Rubs are to comply with Part D - Infection Control in these Guidelines.

Antiseptic Hand Rubs, although very useful and welcome cannot fully replace Hand Wash Bays. Both are required.

5 Components of the Unit

Standard Components

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and Relationships and special room requirements.
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors and glazing requirements.
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the Builder/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulic. Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision.
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory.

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines
- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Rehabilitation – Allied Health Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets (RDS) and Room Layout Sheets (RLS) separately provided.

Non-Standard Rooms

Non-standard rooms are those which have not yet been standardized within these Guidelines. As such there are very few Non-standard Rooms. These are identified in the Schedules of Accommodation as NS and are separately covered below.

ADL Computer Room

The ADL computer room provides an area for training patients on computer-based activities. The computer room may be located adjacent to the ADL Lounge or other ADL assessment areas.

Provide adjustable-height computer workstations with the following:

- A variety of desktop and laptop computers and screens
- Printer and telephone
- Power and data outlets for each

Occupational Therapy Room/s

The Occupational Therapy Rooms are large rooms or workshops for a range of activities including table based, arts, crafts and woodworking. The Occupational Therapy rooms may be located adjacent to rehabilitation therapy areas with ready access to waiting and amenities areas.

Fittings and Equipment required in this area may include:

- Benches with inset sink, wheelchair accessible
- Shelving for storage of equipment or tools
- Tables, adjustable height
- Chairs, adjustable height
- Hand-washing basin with liquid soap and paper towel fittings
- Pin board and whiteboard for displays
- Sufficient power outlets for equipment or tools to be used in activity areas.

Workshop areas require suitable air extraction and exhaust for woodwork activities.

6 Schedule of Equipment (SOE)

This Schedule of Equipment (SOE) below lists the major equipment required for the key rooms in this FPU.

Room Name		
Audiology Testing Room, Room Code (audio-i)		
Analysers: hearing aid	Audiometric booth	Tympanometer/ audiometer
Audiometer: diagnostic		
Podiatry Treatment Room, Room Code (podt-15-i)		
ABI vascular system	Drill: podiatry	Oxygen flowmeter
Air flowmeter	Foot measurement system	Suction adapter
Chair: podiatry	Light: examination	Whirlpool: podiatry
Doppler: vascular	Monitor: physiologic, vital signs	
Occupational Therapy Room, Room Code (oct-50-i)		
Balance board: round	Incline board: upper extremity	Workstation: upper extremity
Exercise balls set	Rack: exercise balls	Wrist roller
Exercise mat	Table: hand, wrist and forearm	
Exerciser: multi-use, upper extremity	Wedges & rolls set	
Plaster Room, Room Code (plst-14-i)		
Air flowmeter	Monitor: physiologic, vital signs (optional)	Suction adapter
Cast cutter: with vacuum	Oxygen flowmeter	
Light: examination	Stretcher: procedure/ recovery	
Gymnasium, 45m2, Room Code (gyah-45-i)		
Defibrillator: with monitor (optional)	Exercise stairs	Table: examination/ treatment,

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		rehabilitation
Exercise bicycle	Parallel bars	Table: mat, 1200mm
Exercise mat	Pulley weights	Treadmill: exercise, automatic
Treatment Room, Room Code (trmt-14-i)		
Air flowmeter	Light: examination	Refrigerator: drugs (optional)
Diagnostic set (optional)	Monitor: physiologic, acute care	Stretcher: procedure/ recovery
Infusion pump: single channel	Oxygen flowmeter	Suction adapter

7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this unit. It identifies the rooms required along with the room quantities and the recommended room areas. The simple sum of the room areas is shown as the Sub Total. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for internal corridors in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities such as the total number of Treatment areas. Therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The table below shows three SOA's for role delineations RDL 2 to 6 depending of the size of the unit, including typical Rehabilitation specialties.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed within the departure forms included in Part A of these guidelines for consideration by the health authority for approval.

Rehabilitation – Allied Health Unit

Room/ Space	Standard Component Room Codes	RDL2-6 Qty x m2			RDL 2-6 Qty x m2			RDL 2-6 Qty x m2			Remarks
Entry/ Reception											Shared between disciplines
Reception / Clerical	recl-10-i similar recl-15-i	1	x	10	1	x	12	1	x	15	
Waiting (Male/ Female)	wait-10-i wait-15-i wait-20-i	2	x	10	2	x	15	2	x	20	Gender separated
Bay - Wheelchair Park	bwc-i	1	x	4	1	x	4	1	x	4	
Interview Room - Family	intf-i	1	x	12	2	x	12	2	x	12	
Patient Bay - Holding	pbtr-h-10-i				2	x	10	4	x	10	Quantity according to service plan
Store - Files	stfs-10-i stfs-8-i	1	x	8	1	x	8	1	x	10	
Store - Photocopy/ Stationery	stps-8-i similar	1	x	4	1	x	6	1	x	8	
Toilet - Accessible	wcac-i	2	x	6	2	x	6	2	x	6	Separate male/female areas
Toilet - Patient	wcpt-i				2	x	4	2	x	4	Separate male/female areas
Allied Health											Facility may include any/ all of the following modules within the Unit
Audiology Testing Room	audio-i	1	x	14	1	x	14	1	x	14	Including Audiology Booth
Consult/ Exam Room(Speech Pathology)	cons-i	1	x	14	1	x	14	2	x	14	
Observation Room (Speech Pathology)	obs-i	1	x	9	1	x	9	2	x	9	If required by the service plan
Store - General (Speech Pathology)	stgn-8-i similar	1	x	6	1	x	6	1	x	8	
Consult Room (Clinical Psychology)	cons-i similar	1	x	14	1	x	14	1	x	14	Depends on service demand. Provide comfortable lounge seating instead of exam couch
Office - Single Person (Dietetics)	off-s9-i off-s12-i	1	x	9	1	x	9	1	x	12	
Store - General (Dietetics)	stgn-8-i similar	1	x	6	1	x	6	1	x	8	
Office - Single Person (Social Worker)	off-s9-i off-s12-i	1	x	9	1	x	9	1	x	12	
Podiatry Treatment	podtr-15-i	1	x	15	1	x	15	1	x	15	
Meeting Room	meet-l-15-i meet-l-20-i	1	x	15	1	x	15	1	x	20	Group Room
ADL (Assisted Daily Living)											
ADL Bathroom	adlb-i	1	x	12	1	x	12	2	x	12	
ADL Bedroom	adlbr-i	1	x	18	1	x	18	2	x	18	
ADL Computer Room	NS	1	x	10	1	x	15	1	x	20	
ADL Kitchen	adlk-enc-i	1	x	12	1	x	12	2	x	12	May be enclosed or open
ADL Laundry	adll-8-i	1	x	8	1	x	8	2	x	8	
ADL Lounge	adln-i	1	x	12	1	x	12	2	x	12	
Occupational Therapy											
Occupational Therapy Room - Adult	oct-50-i similar	1	x	28	1	x	42	1	x	70	7m ² per patient
Occupational Therapy Room - Paediatrics	oct-50-i similar				1	x	40	1	x	60	10m ² per patient, provide according to service plan
Plaster/ Splint Room	plst-14-i				1	x	14	1	x	14	Optional
Store - Equipment	steq-10-i steq-14-i steq-25-i	1	x	10	1	x	14	1	x	25	For materials & equipment
Physiotherapy											
Bay - Handwashing, Type B	bhws-b-i	1	x	1	1	x	1	2	x	1	1 per 4 Patient Treatment Bays
Bay - Mobile Equipment	bmeq-4-i similar or bmeqe-4-i similar	1	x	4	1	x	6	1	x	10	Opened or enclosed bay

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Room/ Space	Standard Component Room Codes	RDL2-6 Qty x m2			RDL 2-6 Qty x m2			RDL 2-6 Qty x m2			Remarks
Clean Utility	clur-12-i similar				1	x	14	1	x	14	
Change - Patient (Male/ Female)	chpt-12-i similar	2	x	12	2	x	20	2	x	24	
Gymnasium	gyah-45-i similar	1	x	45*	2	x	60	2	x	80	6m2 per patient; gender separated areas, * Time managed Gym
Office - Write-up Bay/Room	off-wi-1-i similar off-wis-i similar	1	x	3	1	x	6	1	x	12	May be part of the Gym
Patient Bay - Non-Acute Treatment	pbttr-na-i	2	x	10	4	x	10	6	x	10	Separate male/female; no. depends on service demand. Can be enclosed or curtained cubicles, though enclosed is highly recommended.
Plaster/ Splint Room	plst-14-i				1	x	14	1	x	14	
Store - Equipment	steg-10-i steg-14-i steg-20-i	1	x	10	1	x	14	1	x	20	For gym equipment
Toilet - Accessible	wcac-i				2	x	6	2	x	6	
Treatment Room	trmt-14-i	1	x	14	2	x	14	2	x	14	Respiratory & treatments that require privacy
Shared Support Areas											
Bay - Linen	blin-i	1	x	2	2	x	2	2	x	2	
Bay - Resuscitation Trolley	bres-i	1	x	1.5	1	x	1.5	1	x	1.5	
Cleaner's Room	clrm-6-i	1	x	6	1	x	6	1	x	6	
Clean Utility	clur-12-i	1	x	12	1	x	12	1	x	12	
Clean-up Room	clup-7-i clup-10-i				1	x	7	1	x	10	Optional; For returned loan equipment
Consult Room	cons-i	1	x	14	2	x	14	2	x	14	
Dirty Utility - Sub	dtur-s-i	1	x	8	1	x	8	1	x	8	
Disposal Room	disp-8-i	1	x	8	1	x	8	1	x	8	
Store - Loan Equipment	stle-60-i similar	1	x	25	1	x	40	1	x	60	Optional; Size according to space requirement
Workshop - Prosthetics	wk-pro-i similar	1	x	14	1	x	14	1	x	20	Optional; Size according to space requirement
Staff Areas											
Meeting Room	meet-l-15-i meet-l-20-i meet-l-25-i	1	x	15	1	x	20	1	x	25	
Office - Single Person	off-s12-i	1	x	12	1	x	12	1	x	12	Director
Office - Single Person	off-s9-i off-s12-i	1	x	9	1	x	12	1	x	12	Chief Occupational Therapist
Office - Single Person	off-s9-i off-s12-i	1	x	9	1	x	12	1	x	12	Chief Physiotherapist
Office - 2 Person Shared	off-2p-i	1	x	12	1	x	12	1	x	12	Physiotherapists; No. according to staffing requirements
Office - Workstations	off-ws-i	1	x	5.5	2	x	5.5	4	x	5.5	Occupational Therapists; No. as required
Office - Workstations	off-ws-i	1	x	5.5	2	x	5.5	4	x	5.5	Physiotherapists; No. according to staffing requirements
Property Bay - Staff	prop-3-i similar	2	x	2	2	x	3	2	x	6	
Staff Room (Male/ Female)	srm-15-i similar	2	x	10	2	x	10	2	x	10	
Shower - Staff	shst-3-i	2	x	3	2	x	3	2	x	3	
Toilet – Staff (Male/ Female)	wcst-i	2	x	3	2	x	3	2	x	3	
Sub Total				567.5			898.5			1217.5	
Circulation %				25			25			25	

Room/ Space	Standard Component Room Codes	RDL2-6 Qty x m2	RDL 2-6 Qty x m2	RDL 2-6 Qty x m2	Remarks
Area Total		709	1123	1522	

Hydrotherapy Pool (Optional)

Room/ Space	Standard Component Room Codes	RDL2-6 Qty x m2	RDL 2-6 Qty x m2	RDL 2-6 Qty x m2	Remarks
Hydrotherapy Pool					
Change - Patient (Male/ Female)	chpt-d-i chpt-12-i similar	2 x 12	2 x 20	2 x 24	
Change - Staff (Male/ Female)	chst-12-i chst-20-i similar	2 x 10	2 x 12	2 x 14	
Hydrotherapy Pool	Hydp-90-i similar	1 x 90	1 x 150	1 x 240	Includes concourse,
Hydrotherapy Pool Store	hydsh-i similar	1 x 9	1 x 12	1 x 16	Pool equipment
Office - Single Person	off-s9-i	1 x 9	1 x 9	1 x 9	Manager
Office - Workstation	off-ws-i	1 x 5.5	2 x 5.5	2 x 5.5	No. dependent on service demand
Hydrotherapy Pool Open Shower Area	hydsh-i	1 x 6	2 x 6	4 x 6	Separate male/female areas; adjacent to pool concourse
Shower - Accessible	shpt-i	2 x 4	2 x 4	2 x 4	Separate male/female areas; patient use
Toilet - Accessible	wcac-i	2 x 6	2 x 6	2 x 6	Separate male/female areas; patient use
Water Treatment Plant Room	wtpl-i similar	1 x 10	1 x 15	1 x 20	Size depending on Engineering
Sub Total		193.5	293	416	
Circulation %		25	25	25	
Area Total		242	366	520	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components.
- Rooms indicated in the schedule reflect the typical arrangement according to the Role Delineation.
- Exact requirements for room quantities and sizes will reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit.
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines.
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit.
- Office areas are to be provided according to the Unit role delineation and number of endorsed full-time positions in the unit.
- Staff and support rooms may be shared between Functional Planning Units dependent on location and accessibility to each unit and may provide scope to reduce duplication of facilities.

8 References and Further Reading

In addition to Sections referenced in this FPU, i.e. Part C- Access, Mobility, OH&S, Part D - Infection Control, and Part E - Engineering Services, readers may find the following helpful:

- Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, Rev 4, 2012; refer to website www.healthfacilitydesign.com.au
- The Facility Guidelines Institute (US), 2010 Edition. Guidelines for Design and Construction of Health Care Facilities) refer to website www.fgiguideelines.org